APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,589	12/30/2003	Thomas L.C. Simpson	EIS-5909H (1417G P 984)	8944

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EXAMINER
RAPILLO, KRISTINE K

ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
	10/748,589	SIMPSON ET AL.
Office Action Summary	Examiner	Art Unit	
	KRISTINE K. RAPILLO	3626	

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on <u>21 April 2008</u>.

2a) ☒ This action is FINAL. 2b) ☐ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) <u>1-30</u> is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) <u>1-30</u> is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☒ The drawing(s) filed on <u>06 May 2004</u> is/are: a) ☐ accepted or b) ☒ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a) ☐ All b) ☐ Some * c) ☐ None of:

      1. ☐ Certified copies of the priority documents have been received.

      2. ☐ Certified copies of the priority documents have been received in Application No. _____.

      3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date <u>8/6/2004; 7/6/2005</u>.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application

6) ☐ Other: _____.

DETAILED ACTION

Claims 1 – 23 are pending.

Notice to Applicant

1.   This communication is in response to the amendment submitted April 21, 2008. Claims 1, 11,

and 15 – 16 are amended. Claims 24 – 30 are new. Claims 1 – 30 are presented for examination.

Drawings

2.   The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include

the following reference character(s) not mentioned in the description:

- Figure 11, Reference Numbers: 1008 (a, c - e) and 520 (a – e)

3.   The objection to the steps illustrated in Figure 52 are withdrawn, however, the explanation of the

procedure is not documented clearly as the disclosure skips steps, then returns in later paragraphs to the

skipped steps.

Specification

4.   The objections to the specification are withdrawn based upon the amendment submitted April 21,

2008.

Claim Rejections - 35 USC § 102

5.   The 35 USC 102(e) rejection is hereby withdrawn based on the amendment submitted April 21,

2008.

Claim Rejections - 35 USC § 103

6.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness

rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

7.   Claims 1 – 6, 8 – 17, 20 – 22, 24 – 25, and 28 - 29 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Bar-Gadda et al. (WO 99/42933) in view of Eggers et al. (U.S. Publication Number

2002/0169636) further in view of Mault (U.S. Publication No. 2001/0044588 A1).

In regard to claim 1 (currently amended), Bar-Gadda et al. teaches a method of generating a

signal that a notification condition exists for a specific patient (page 3, lines 29 – 31) and transmitting the

signal relating to the notification condition to a first clinician's device (page 3, lines 31 – 34).

Bar-Gadda et al. fails to teach a method for executing a notification process within a healthcare

system comprising the steps of: a medical treatment device and indicating the notification condition on

the clinician's device and operating a timer.

Eggers et al. teaches a medical treatment device (paragraph [0023]). Eggers fails to teach a

method for executing a notification process within a healthcare system comprising the steps of: indicating

the notification condition on the clinician's device and operating a timer.

Mault teaches a method for executing a notification process within a healthcare system

comprising the steps of: indicating the notification condition on the clinician's device (paragraph [0043])

and operating a timer (paragraph [0008]).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the

invention was made to include a method for executing a notification process within a healthcare system

comprising the steps of indicating the notification condition on the clinician's device and operating a timer,

as taught by Mault with the motivation of communicating the remote monitoring of a patients physiological

parameters by health care providers to a computer system or other nurses/physicians (paragraph [0035]).

In regard to claim 2 (original), Bar-Gadda et al. teaches a method, as per claim 1, further

comprising the step of transmitting the signal to a second clinician's device if a response to the notification condition is not received prior to a predefined timer limit (page 5, lines 17 – 26). Bar-Gadda et al. does not explicitly teach sending a notification to a second clinicians device, however, if a notification can be sent to a first clinicians device, it is obvious it can be sent to a second clinicians device.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to transmit a signal to a second clinicians device if a response to the notification condition is not received prior to a predefined timer limit because the step of transmitting a signal to a second clinicians device does not patentably distinguish the claimed invention.

In regard to claim 3 (original), Bar-Gadda et al. teaches a method, as per claim 1, further comprising the step of transmitting the signal relating to the notification condition to a charge clinician (page 3, lines 31 – 34). Bar-Gadda et al. discloses a method in which notification can be sent to one or more users, which would include a charge clinician.

In regard to claim 4 (original), Bar-Gadda et al. teaches a method, as per claim 2, wherein the step of transmitting the signal to the second clinician's device is executed when the timer elapses (page 5, lines 17 – 26). Bar-Gadda et al. discloses a method in which a clinician may specify times, i.e. set the timer, before a notification is transmitted.

In regard to claim 5 (original), Bar-Gadda et al. teaches a method, as per claim 1, wherein the step of transmitting the signal relating to the notification condition to the first clinician's device comprises transmitting a wireless notification condition signal to the first clinician's device (page 3, lines 31 – 34) and (page 4, lines 9 – 11).

In regard to claim 6 (original), Bar-Gadda et al. teaches a method, as per claim 1, wherein the step of transmitting the signal relating to the notification condition to the second clinician's device comprises transmitting a wireless notification condition signal to the second clinician's device (page 3,

lines 31 – 34) and (page 4, lines 9 – 11). Bar-Gadda et al. discloses a method in which notification can

be sent to one or more users.

In regard to claim 8 (original), Bar-Gadda et al. teaches a method, as per claim 1, wherein there

is a many-to-many relationship between first clinicians and charge clinicians (page 5, lines 5 – 7).

In regard to claim 9 (original), Bar-Gadda et al. teaches a method, as per claim 1, wherein the

step of transmitting the signal comprises sending the signal to one of a PDA, a mobile phone, a pager, an

e-mail address, an instant messaging receiver or a conventional telephone (page 3, lines 24 – 26 and

page 4, lines 8 – 11).

In regard to claim 10 (original), Bar-Gadda et al. teaches a method, as per claim 1, wherein the

step of transmitting the signal to the first clinician's device comprises sending the signal simultaneously to

at least two of a mobile phone, a pager, an e-mail address, an instant messaging receiver or a

conventional telephone (page 4, lines 8 – 11).

In regard to claim 11 (currently amended), Bar-Gadda et al. teaches a system for providing

messages to remote clinician devices in a healthcare system comprising a request generated by the

remote device and received by the first central computer and a response message generated by the first

central computer (page 5, lines 34 – 35 through page 6, lines 1 – 7).

Bar-Gadda et al. fails to teach a first central computer attached to a network; a remote device

associated with the clinician and operably attached to the network, the remote device comprising a visual

display; including information contained within a data packet generated by a medical treatment device

and, wherein the response message generated by the first central computer is provided in a humanly

readable format on the visual display of the remote device.

Eggers et al. teaches a medical treatment device (paragraph [0023]). Eggers et al. fails to teach

a first central computer attached to a network; a remote device associated with the clinician and operably

attached to the network, the remote device comprising a visual display; <u>including information contained</u> <u>within a data packet generated by a medical treatment device</u> and, wherein the response message generated by the first central computer is provided in a humanly readable format on the visual display of the remote device.

Mault teaches a first central computer attached to a network (paragraph [0036]); a remote device associated with the clinician and operably attached to the network, the remote device comprising a visual display (paragraph [0035]); <u>including information contained within a data packet generated by a medical</u> <u>treatment device</u> (paragraph [0012]) and, wherein the response message generated by the first central computer is provided in a humanly readable format on the visual display of the remote device (paragraph [0043]).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to a first central computer attached to a network; a remote device associated with the clinician and operably attached to the network, the remote device comprising a visual display; <u>including</u> <u>information contained within a data packet generated by a medical treatment device</u> and, wherein the response message generated by the first central computer is provided in a humanly readable format on the visual display of the remote device as taught by Mault with the motivation of enabling a health care provider remote access to physiological parameters and to alert physicians/nurses of any out of tolerance results from the measurement of the parameters (paragraph [0016]).

In regard to claim 12 (original), Bar-Gadda et al. teaches a system, as per claim 11, further comprising: a second computer attached, via a communication link, to the first central computer at least partially located within a health care facility, wherein the request generated by the remote device is received by the first central computer and the second central computer, wherein a response message is generated by the second central computer in response to the request generated by the remote device, and wherein the response message generated by the first central computer comprises the response message provided by the second central computer and additional data added by the first central

computer (page 4, lines 2 – 7). Bar-Gadda et al. describes a web server computer, as well as an application server computer, which correlate to a first and second computer.

In regard to claim 13 (original), Bar-Gadda et al. teaches a system, as per claim 12, wherein said remote device further comprising a browser responsive to the response message generated by the first central computer (page 7, lines 2 – 4, lines 10 – 14, and table) where e-mail messages can be constructed from a desktop PC or PDA.

In regard to claim 14 (original), Bar-Gadda et al. teaches a system, as per claim 12.

Bar-Gadda et al. fails to teach a system wherein the remote device receives a second response message generated by the second central computer in response to a second request generated by the terminal device, wherein the second response message and the second request are routed through the first central computer.

Eggers et al. teaches a system wherein the remote device receives a second response message generated by the second central computer in response to a second request generated by the terminal device, wherein the second response message and the second request are routed through the first central computer (paragraphs [0031] and [0060]). Eggers et al. discloses a system in which messages (i.e. communication) can occur via the use of bidirectional data sources.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the remote device receives a second response message generated by the second central computer in response to a second request generated by the terminal device, wherein the second response message and the second request are routed through the first central computer as taught Eggers et al. with the motivation of communicating patient information to and from a variety of sources to improve patient care (paragraph [0010]).

In regard to claim 15 (currently amended), Bar-Gadda teaches a system for providing messages to remote clinician devices in a healthcare system including a request message (page 5, lines 5 – 16) and

a response message (page 4, lines 3 – 17). Bar-Gadda et al. fails to teach a system comprising: a request message generated substantially within a time interval by a program within a software application executed by a clinician device, and a response message generated by a first computer in response to the request <u>message and including information contained within a data packet generated by a medical treatment device</u>.

Eggers et al. teaches a medical treatment device (paragraph [0023]). Eggers et al. fails to teach a system comprising: a request message generated substantially within a time interval by a program within a software application executed by a clinician device, and a response message generated by a first computer in response to the request message <u>and including information contained within a data packet</u>.

Mault teaches a system for providing messages to remote clinician devices in a healthcare system, comprising: a request message generated substantially within a time interval by a program within a software application executed by a clinician device, and a response message generated by a first computer in response to the request message <u>and including information contained within a data packet</u> (paragraph [0012]).

The motivation for combining the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1.

In regard to claim 16 (currently amended), Bar-Gadda et al. teaches a system as per claim 15.

Bar-Gadda et al. fails to teach a system wherein the information is modified in response to a change in the information contained within another data packet generated by the medical device.

Eggers et al. teaches a system wherein the response message comprises information contained within a data packet generated by a medical device, and wherein the information is modified in response to a change in the information contained within another data packet generated by the medical device (paragraph [0036]). The Examiner interprets data packets to be the patients medical record, including patient test results, height, weight, etc.

The motivation for combining the teachings of Bar-Gadda et al. and Eggers et al. is discussed in the rejection of claim 14.

In regard to claim 17 (original), Bar-Gadda et al. teaches a system, as per claim 16, wherein the program is written in JAVA (page 8, lines 6 – 8).

In regard to claim 20 (original), Bar-Gadda et al. teaches a system, as per claim 15, wherein the software application is a Web browser (page 7, lines 2 – 4 and table).

In regard to claim 21 (original), Bar-Gadda et al. and Eggers et al. teach a system, as per claim 15. Bar-Gadda et al. and Eggers et al. fail to teach a system the clinician device is attached to a network within a healthcare facility.

Mault teaches a system wherein the clinician device is attached to a network within a healthcare facility (paragraph [0037]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 22 (original), Bar-Gadda et al. teaches a system as per claim 16. Bar-Gadda et al. fails to teach a system wherein the medical device is an infusion pump.

Eggers et al. teaches a system wherein the medical device is an infusion pump (paragraph [0026]).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the medical device is an infusion pump as taught by Eggers et al. with the motivation of providing a system in which a medical device can be programmed to deliver medication to a patient (paragraph [0011]).

In regard to claim Claim 24 (new), Bar-Gadda et al. and Eggers et al. teach the method of claim 1. Bar-Gadda et al. and Eggers et al. fail to teach a method wherein the notification includes at least one of status information and programming information for the medical treatment application device.

Mault teaches a method wherein the notification includes at least one of status information and programming information for the medical treatment application device (paragraph [0055]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

In regard to Claim 25 (new), Bar-Gadda et al. and Eggers et al. teach the method of claim 1. Bar-Gadda et al. and Eggers et al. fail to teach a method further comprising the steps of (i) determining whether one of the medical treatment application device and the clinician's device provides a response to the notification condition prior to a predefined timer limit, and (ii) executing an escalated notification process if the response is not received prior to the predefined timer limit.

Mault teaches a method further comprising the steps of (i) determining whether one of the medical treatment application device and the clinician's device provides a response to the notification condition prior to a predefined timer limit, and (ii) executing an escalated notification process if the response is not received prior to the predefined timer limit (paragraph [0055]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

In regard to Claim 27 (new), Bar-Gadda et al. and Eggers et al. teach the system of claim 11. Bar-Gadda et al. and Eggers et al. fail to teach a system wherein the information contained within the data packet includes at least one of status information and programming information for the medical treatment application device.

Mault teaches a system wherein the information contained within the data packet includes at least one of status information and programming information for the medical treatment application device (paragraph [0055]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

In regard to Claim 28 (new), Bar-Gadda et al. and Eggers et al. teach the system of claim 11. Bar-Gadda et al. and Eggers et al. fail to teach a system wherein the response message includes a display icon configured to access a list of a plurality of notification conditions corresponding to a specific patient from the first central computer.

Mault teaches a system wherein the response message includes a display icon configured to access a list of a plurality of notification conditions corresponding to a specific patient from the first central computer (paragraph [0055]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

In regard to Claim 29 (new), Bar-Gadda et al. and Eggers et al. teach the system of claim 11. Bar-Gadda et al. and Eggers et al. fail to teach a system wherein the information contained within the data packet includes at least one of status information and programming information for the medical treatment application device.

Mault teaches a system wherein the information contained within the data packet includes at least one of status information and programming information for the medical treatment application device (paragraph [0055]).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., and Mault is discussed in the rejection of claim 1, and incorporated herein.

8.   Claims 7, 18, 26, and 30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bar-

Gadda et al., Eggers et al., and Mault, and further in view of Dempsey et al. (U.S. Patent No. 6,057,758).

        In regard to claim 7 (original), Bar-Gadda et al., Eggers et al. and Mault teach a method of

executing a notification process as per claim 1.

        Bar-Gadda et al., Eggers et al. and Mault fail to teach a method wherein there is a many-to-many

relationship between first clinicians and patients.

        Dempsey et al. teaches a method wherein there is a many-to many relationship between first

clinicians and patients (column 8, lines 47 – 55).

        Therefore, it would have been obvious to a person of ordinary skill in the art at the time the

invention was made to include a method wherein there is a many-to many relationship between first

clinicians and patients as taught by Dempsey et al. with the motivation of allowing a physician or other

health care provider the means of remotely monitoring the health status of patients in their care (column

4, lines 40 – 54).

        In regard to claim 18 (original), Bar-Gadda et al., Eggers et al., and Mault, teach a method of

executing a notification process as per claim 16.

         Bar-Gadda et al., Eggers et al., and Mault, fail to teach a system wherein the program is written

in C#.

        Dempsey et al. teaches a system wherein the program is written in C# (column 10, lines 38 – 45).

C# is also known as C-Sharp. Dempsey et al. discloses an object oriented programming language of

which C-Sharp (or C#) is included.

        Therefore, it would have been obvious to a person of ordinary skill in the art at the time the

invention was made to include a system where the program is written in C# as taught by Dempsey et al.

with the motivation of providing a software program which provides an interface with the handheld

terminals such as a PDA (column 9, lines 31- 32).

In regard to Claim 26 (new), Bar-Gadda et al. teaches the system of claim 1. Bar-Gadda et al. fails to teach a system further comprising software installed on the first clinician's device having a time-out output, wherein the time-out output indicates a loss of a wireless communication link between the first clinician's device and the medical treatment application device.

Eggers et al. teaches a medical treatment device (paragraph [0023]). Eggers et al. and Mault fail to teach a system further comprising software installed on the first clinician's device having a time-out output, wherein the time-out output indicates a loss of a wireless communication link between the first clinician's device.

Dempsey et al. teaches a system further comprising software installed on the first clinician's device having a time-out output, wherein the time-out output indicates a loss of a wireless communication link between the first clinician's device (column 3, lines 24 - 33) where an alarm is generated in response to an anomaly. The Examiner interprets when the output from a medical treatment device is interrupted to be an anomaly.

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., Mault, and Dempsey et al. is discussed in the rejection of claim 7, and incorporated herein.

In regard to Claim 30 (new), Bar-Gadda et al., Eggers et al., and Mault teach the system of claim 15. Bar-Gadda et al., Eggers et al., and Mault fail to teach a system wherein the software application is configured to provide access to a list of a plurality of active medical device alerts associated with a specific patient.

Dempsey et al. teaches a system wherein the software application is configured to provide access to a list of a plurality of active medical device alerts associated with a specific patient (column 3, lines 47 – 61).

The motivation to combine the teachings of Bar-Gadda et al., Eggers et al., Mault, and Dempsey et al. is discussed in the rejection of claim 7, and incorporated herein.

9.   Claim 19 is rejected under 35 U.S.C. 103(a) as being unpatentable over Bar-Gadda et al., Eggers et al., and Mault as applied to claim 16 above, and further in view of www.catharsismedical.com (12/9/01).

        In regard to claim 19 (original), Bar-Gadda et al., Eggers et al., and Mault, teach the system of claim 16.

        Bar-Gadda et al., Eggers et al., and Mault, fail to teach a system wherein the program is written in Visual Basic Script.

        www.catharsismedical.com teaches a system wherein the program is written in Visual Basic Script (paragraph 6). www.catharsismedical.com uses Windows NT which is a Visual Basic Script.

        Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the program is written in Visual Basic Script as taught by www.catharsismedical.com with the motivation of allowing the infusion pump and hardware to send messages to a Windows NT server (paragraph 17).

10.   Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Bar-Gadda et al., Eggers et al., and Mault and further in view of Paula ("MEMS Sensors Branch Out". Mechanical Engineering. New York: Oct 1996. Vol. 118, Iss. 10; pg 64).

        In regard to claim 23 (original), Bar-Gadda et al., Eggers et al., and Mault, teach the system of claim 16.

        Bar-Gadda et al., Eggers et al., and Mault, fail to teach a system wherein the medical device is a MEMS device.

        Greg teaches a system wherein the medical device is a MEMS device (paragraph 7).

        Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the medical device is a MEMS device as taught by Greg

with the motivation of offering a smaller size, lower cost, and more accurate medical device (paragraph 42).

Response to Arguments

11.   Applicant's arguments filed April 21, 2008 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed April 21, 2008.

In response to the Applicant's argument, it is respectfully submitted that the Examiner has applied new prior art to amended claim 15 at the present time. The Examiner notes that amended limitations were not in the previously pending claims as such, Applicant's remarks with regard to the application of Mault to the amended limitations are moot in light of the addition of the Eggers et al. reference.

In response to the Applicant's argument, it is respectfully submitted that the Examiner has applied new passages and new citations to the amended claims (1, 11, and 16). The Examiner notes that the amended limitations were not in the previous pending claims as such; Applicant's remarks with regard to the application of Bar-Gadda et al., Eggers et al., and Mault are addressed in the above Office Action.

Conclusion

12.   Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later than SIX

MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should

be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can

normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke

Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this

application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application

Information Retrieval (PAIR) system. Status information for published applications may be obtained from

either Private PAIR or Public PAIR. Status information for unpublished applications is available through

Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should

you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC)

at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative

or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-

1000.

KKR

/Robert Morgan/
Primary Examiner, Art Unit 3626